



APPLICATION
BUSINESS TAX AND LICENSING
PROFESSIONAL/SEMI-PROFESSIONAL

BUSINESS # _____

INSTRUCTIONS:

SIC CODE _____

- All questions on this form must be answered or designated not applicable (N/A) as appropriate.
- Additional information may be required pursuant to Los Gatos Town Code, Chapter 14.
- In order to comply with the requirements of the State Controller's Office, a business certificate (licenses) will not be issued without this information.

PLEASE PRINT ALL INFORMATION:

1. Business Name: _____

Business Address: _____
Number Street City State ZIP

Business Telephone # _____ **Fax #:** _____

Billing Address: _____
Number Street City State ZIP

Type of Business (please be specific): _____

2. Type of Ownership (check one):

☐ Partnership ☐ Corporation ☐ Trust ☐ Sole Proprietorship

Owner's Name: _____ **Owner's Tel. #** _____

Owner's Residence: _____
Number Street City State ZIP

3. At least one of the following is required:

- Federal Employer ID # _____
- State Employer ID # _____
- Social Security # _____

4. Complete the following:

a. Professional:

- ☐ \$200 per professional plus \$15 per support staff member - annual Jan 1 through Dec 31
- ☐ Prorate - \$150 per professional plus \$11.25 per support staff member - after April 1
- ☐ Prorate - \$100 per professional plus \$ 7.50 per support staff member - after July 1
- ☐ Prorate - \$ 50 per professional plus \$ 3.75 per support staff member - after October 1

Number of professionals: _____ Number of support staff: _____ Total amount due: \$ _____

CHIROPRACTIC/MEDICAL OFFICES - PLEASE DECLARE NUMBER OF MASSAGE THERAPISTS: _____

It shall be unlawful for any person to transact and carry on any business, trade, profession, calling or occupation in the Town without first having procured a license from the Town. Sec.14.10.015. The license period is from January - December, renewable annually.

If a business plans to establish within the Town limits, the Planning Division of Community Development requires approval/compliance of the zoning requirements for the pending business location.

I understand that obtaining this business license will not authorize me to use the property or conduct the business in violation of any Local, State or Federal law and I understand it is my obligation to determine the legal restrictions involved before beginning or changing the business.

I DECLARE UNDER PENALTY OF PERJURY that the foregoing is true and correct and if called as witness I could competently testify to the facts contained herein. Executed this _____ day of _____ 200_ in the Town of Los Gatos, County of Santa Clara, State of California.

SIGNED: _____

TITLE: _____ rev 1/07